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Report of Eight Cases Treated with Gude's Pepto-Mangan.

See MEDICAL RECORD, June 3, 1893, page 695.

CASE I.—D. G——, female, aged seventy-eight, entered Bellevue Hospital suffering with pelvic cellulitis, the symptoms of which disappeared at the end of a week. The patient was fairly well nourished, but with an excessively pale, waxy color. Examination of blood showed eight per cent of hæmoglobin and 3,900,000 corpuscles to a cubic millimetre. After thirty-four days taking the preparation the amount of hæmoglobin had increased to eleven per cent, and the corpuscles to 4,800,000.

CASE II.—E. W——, aged seventeen, had the most profound anæmia after recovering from a severe attack of scarlet fever. Examination of blood showed six and one half per cent hæmoglobin, and 2,533,000 corpuscles to a cubic millimetre. After taking the preparation forty days the amount of hæmoglobin had increased to ten per cent and the corpuscles to 4,500,000.

CASE III.—A. W——, female, aged twenty-two, had been excessively anæmic for over a year; complained of headaches, ringing in ears, dizziness, neuralgic pains, no organic lesion. Blood showed seven per cent hæmoglobin and 3,520,000 corpuscles to a cubic millimetre; the corpuscles themselves were changed, some being microcytes and poikilocytes. After twenty-three days the treatment was stopped, as the hæmoglobin was normal in amount and the corpuscles had increased to 5,000,000 to each cubic millimetre. The result in this case was the most pronounced of any.

CASE IV.—Charles M——, aged twenty-one, subacute pleurisy lasting six weeks, very anæmic; no fever, some loss in flesh. Had taken syr. ferri iodidi for a month, with but slight improvement in general appearance. Hæmoglobin eight and one half per cent; corpuscles 3,800,000 to each cubic millimetre. At the end of twenty days, when the treatment was stopped, the hæmoglobin had increased one and one half per cent, and the corpuscles to 4,600,000; the fluid in the chest had disappeared.

CASE V.—F. B——, female, aged twenty-two, was admitted to the hospital suffering from insufficiency of the mitral valve. Presented the pale and anæmic appearance seen in cardiac disease. After the patient had improved so that she was up and about the ward she was put on the pepto-mangan (Gude). The examination of the blood at that time showed eight and one half per cent of hæmoglobin and 2,600,000 corpuscles to the cubic millimetre. After taking the preparation twenty-five days the hæmoglobin was eleven per cent, and the corpuscles 4,000,000 per cubic millimetre.

CASE VI.—B. M——, aged twenty-four, suffering from primary anæmia and menstrual disturbances. No organic lesion. Hæmoglobin ten per cent, corpuscles 3,000,000 per cubic millimetre. After taking the preparation forty-three days the amount of hæmoglobin remained at ten per cent, but the corpuscles had increased 1,200,000 per cubic millimetre.

CASE VII.—C. V——, aged fifteen, presented the ordinary appearances of the anæmic girl at the age of puberty. No organic lesion. Hæmoglobin eight per cent, corpuscles 2,800,000. The examination of the blood after taking the pepto-mangan (Gude) forty days showed that the hæmoglobin was normal in amount, and that there were 4,000,000 corpuscles to each cubic millimetre of blood.

CASE VIII.—M. M——, female, aged twenty-four; six weeks after ovariotomy; presented a markedly anæmic appearance. Had shown a slight improvement in color after taking Blaud's pills for three weeks. These were stopped, and the iron and manganese preparation given. Examination of blood showed eight per cent hæmoglobin, and 3,200,000 corpuscles per cubic millimetre. After forty-eight days the hæmoglobin had increased two and a half per cent, and the corpuscles 1,300,000.

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CONTENTS FOR JANUARY 1st, 1896.

INFANT FEEDING—A Review . . . . . A. JACOBI, M.D. 1

A CRETIN. . . . . J. HENRY FRUITNIGHT, M.D., and DILLON BROWN, M.D. 11
One Illustration from Photograph.

A CASE OF ENTEROCYSTOMA IN A CONGENITAL SUBGLUTEAL HERNIA.
. . . . . HOWARD LILIENTHAL, M.D. 13
Five Illustrations from drawings by Mr. M. V. Hoffman and from Camera Lucida.

THE JAPANESE ICE BAG. . . . . . A. M. PHELPS, M.D. 20
Two Illustrations.

A CASE OF FIBROID PHTHISIS (Tubercular) WITH EXTENSIVE SCARRING OF THE SKIN (Syphilitic.) . . . . . G. A. SUTHERLAND, M.D. 21
One Illustration from photograph by Dr. J. McGregor.

PRACTICAL NOTES. 24
The Konig-Maas Method of Restoring Persons apparently Dead from Chloroform.—Method of preparing Bone Marrow for the Treatment of Pernicious Anemia.—The Treatment of the Nose and Throat during the course of Measles and Scarlet Fever — Sodium Fluoride in Infantile Tuberculosis.—Pilocarpine for Acute Nephritis in Children.—To disguise the Taste of Cod-Liver Oil.—For Whooping Cough.

EDITORIAL—GASTRO-INTESTINAL DISEASES IN CHILDREN.
. . . . . M. MANGES, M.D. 27

SOCIETY REPORTS:—*British Medical Association* 29
Pediatric Section N. Y. Academy of Medicine 31

BOOKS:—*Sachs' on the Nervous Diseases of Children* 34

NEW BOOKS. 38

ABSTRACTS. 39
The treatment of Tuberculosis in Children with Iodoform Injections.—Scorbutus in Infancy.—The Treatment of Diphtheria with Behring's Serum.—The Transmission of Scarlet Fever.—Bronchorrhea Congenital, and probably induced by Maternal Impression.—The Melæna of the New Born.—Resuscitation of Still-born Infant by Rhythmical Traction on the Tongue.—Gonorrhoal Rheumatism in a Newly Born.—Blood Changes in a Case of Infantile Myxœdema —Hypertrophic Cirrhosis of the Liver in Infants.—The Treatment of Diphtheria by Antitoxin.—On Pica or Dirt-Eating in Children.—A perserving Therapeutist.—Congenital Syphilis.

ITEMS.—*Green Urine due to Indigo* 10
The Cutaneous Irritation of Measles.—Psoriasis in Infants 19
Dr. Canini. 20
The Promiscuous Use of Pocket-handkerchiefs.—Remedy for Insect Stings. . . 33
Trismus Neonatorum.—The Addition of Soap Liniment to Cod-liver Oil Inunctions 48

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PEDIATRICS

VOL. I. JANUARY 1st, 1896. No. 1.

ORIGINAL ARTICLES.

INFANT FEEDING—A REVIEW.

BY A. JACOBI, M. D.,

Clinical Professor of Diseases of Children in Columbia College, New York.

IN the last decade great and successful strides have been made in medical therapeutics as well as in surgical. The former have been improved partly through the aid of pharmaceutical preparations and of the products of biological research, partly through new methods and appliances for hygienic and preventive purposes. It is mainly the infectious diseases which have been served by the former, and both public and individual hygiene by the latter. Early life has been particularly benefited, and by nothing more than by careful endeavors to improve the diet of the young, and thereby to remove the dangers of intestinal disorders and the sources of excessive mortality.

Sterilization.—Nothing has been more successful in that direction than the widespread practice of sterilization (and pasteurization) of cow's milk. Both are the logical development of the plan of treating milk by boiling, which I persistently advised these thirty-five years at least, and detailed in my "Infant Diet," in Gerhardt's Handbook, in Buck's Hygiene, in "Intestinal Diseases of Infancy and Childhood"* and in my clinical lectures delivered during the last third of a century.

Now what is it that boiling can and will do? Beside expelling air it destroys the germs of typhoid fever, Asiatic cholera, diphtheria and tuberculosis, also the oidium lactis which is the

*P. 18. "After boiling, milk destined for the use of a baby during the day should be kept in clean bottles containing from three to six ounces, filled up to the cork, and the bottles then turned upside down in a cold place; such will keep longer than milk preserved in the usual way. Before being used it should be heated in a water bath; and by repeating this heating of the whole amount of the day's milk, several times during the twenty-four hours, fermentation will be retarded, and digestibility improved."

cause of the change of milk sugar into lactic acid and of the rapid acidulation of milk with its bad effects on the secretion of the intestinal tract. Some varieties of proteus, and most of bacterium coli are also rendered innocuous by boiling. Thus it prevents many cases of infant diarrhœa and vomiting—not all of them. For the most dangerous of all the bacteria are not influenced either by plain boiling or the common methods of sterilization. Besides, "diarrhœa" is but a symptom of many causes, and "cholera infantum" is a name for a condition occasioned by many. Ebstein emphasizes the fact that babies at the breast are subject to cholera infantum, particularly in southern climates, also in public institutions. The influence of external temperature is a very important factor; its sudden changes produce intestinal disorders. Babies, taken from a hot railroad car to the deck of a lake steamer, from a warm bed to a draughty room, may develop a catarrhal enteritis which disposes to worse forms of disease. For the morbid condition of the epithelium caused by such sudden changes is a proximate cause of disease because it opens the way to all sorts of infecting substances. Poisons in the food of cows, indigestible baby foods—either indigestible *per se*, or through a morbid condition of the digestive organs—produce diarrhœa of many varieties. It need not even depend on ingested food; for according to W. Schild's recent investigations (Zeitsch. f. Hyg. u. Infect XIX.) germs of diseases may be found in the intestine of the newly born in from ten to seventeen hours after birth (min. 4, max. 20). The meconium of the newly born being free of germs, is supplied through the mouth with the bacterium coli and through the anus with the bacillus fluorescens, subtilis and proteus (even adults are infected through the same inlet). Linen, the bath, the air, the blood are sources of local invasion. In such cases, what is the sterilization of artificial food to accomplish? They are not reached by it.

Not even the natural food, breast-milk, is free of germs possibly attended with dangers. M. Cohn and H. Neumann found germs in the healthy breast-milk even after the mamma and nipples had been washed with alcohol and with solutions of corrosive sublimate. A. Palleske met with the staphylococcus pyogenes albus in one-half of all healthy women, F. Honigmann (Z. f. Hyg. u. Inf. XIV) in most of them, and H. Knochenstein (Inaug. Diss. 1893) in the mammæ of eight puerperal and nursing women. Evidently they had immigrated from outside; they proved innocuous. But who can doubt but that if the epithelium of the milk ducts had been morbid, there would have been a chance for a mastitis, or if the staphylococcic milk had got into contact with a sore stomach or intestine, there would have been an opportunity for gastritis or enteritis.

Nor is boiling, nor sterilization, a safe protection under all

circumstances. Aerobic bacteria, the so-called hay or potato bacilli, with very resistent spores, which are found in cow dung and in the dust of stables, of the soil and streets, and of hay, peptonize casein and liquefy it and render the milk bitter. They are very poisonous; their pure culture gives young dogs a fatal diarrhœa. It takes hours of sterilization to kill them; in some instances it required five or six hours. Even the bacillus butyricus takes an hour and a half. But such a protracted sterilization, beside being far from certain in its effect, is at all events a clumsy procedure and one not calculated to benefit the milk. Thus hay feeding is an absolute necessity, for the bacilli are destroyed by a six weeks' drying. Besides, it is urged to keep the stables carefully clean, to avoid dirt and dust, to employ peat instead of straw for bedding, to wash the udder and tie the tails before milking, to waste the first milk, and to remove foreign material from the milk by centrifuging. But no absolute security can be guaranteed. That is why Flügge adds to his expositions a warning against some wholesale manufacturers who, always anxious about somebody's—their own—welfare are known to conceal by coloring the glass of their bottles the changed condition of the milk and the separation of butter particles.

Whatever I have here brought forward, is certainly not to disparage the boiling of the milk; it is meant to prove the danger of relying on a single preventive when the causes of intestinal disorders are so many. It is true, however, that the large majority of the latter depends on causes which may be met by sterilization; but not by sterilization only; also by pasteurization, that is, heating the milk to 70° C=165° F, and keeping it at that uniform temperature for thirty minutes—a procedure which destroys the same germs that are killed by a more elevated temperature, without much change in flavor and taste.

One of the questions connected with the employment of sterilized or pasteurized milk is this, whether the milk to be used for a child ought to be prepared at home, or whether the supply may be procured from an establishment where large quantities of milk believed to become immutable by sterilization for an indefinite period, are kept for sale. In regard to this problem Flügge plaintively expresses his regrets that "we have allowed ourselves to be guided by people who are neither hygienists nor physicians, but chemists, farmers, or apothecaries, and whose actions have been based on three false beliefs. Of these the first is that boiling for three-quarters of an hour destroys germs, the second that whatever bacteria remain undestroyed are innocuous, and the third, that proliferating bacteria can always be recognized by symptoms of decomposition." Nothing is more erroneous. Soxhlet himself, the German originator of sterilization, knew at an early time, that the fer-

menting process is now and then but partially interrupted by boiling, that butyric acid may be found in place of lactic acid, that a strong evolution of gas may be caused after such boiling, and that such milk may give rise to flatulency. Aye, milk which happens to contain the resistent spores of bacteria becomes a better breeding ground for them by the very elimination of lactic acid, and the longer such sterilized milk is preserved and offered for sale, the worse is its condition. It may be true that these conditions are not met with very frequently, but an occasional single death in a family caused by poisonous milk will be more than enough. Therefore, the daily home sterilization is by far preferable to the risky purchase from wholesale manufacturers who can not guarantee, because in the nature of things they cannot know, the condition of their wares.

Another alteration of a less dangerous character, but far from being desirable, is the separation of cream from sterilized milk which is preserved for sale. Renk, (Arch. f. Hyg. XVII) found it to take place to a slight extent during the very first weeks, but later to such a degree that 43.5 per cent. of all the cream contained in the milk was eliminated.

Sterilization has been claimed to be no unmixed boon because of its changing the chemical constitution of milk. Still, the opinions on that subject vary to a great extent, the occurrence of changes being both asserted and denied by apparently competent judges. But what I have said a hundred times, is still true and borne out by facts, viz: That no matter how beneficial boiling, or sterilization, or pasteurization may be, they cannot transform cow's milk into woman's milk, and that it is a mistake to believe that the former, by mere sterilization, is a full substitute for the latter. It is true, that when we cannot have woman's milk, we cannot do without cow's milk. There is no alleged substitute that can be had with equal facility or in sufficient quantity. But after all it is not woman's milk. Babies may not succumb from using it, and may but seldom appear to suffer from it, indeed they will mostly appear to thrive on it, but it is a makeshift after all and requires modifications. Hammarsten was the first to prove the chemical difference between the casein of cow's and woman's milk. Whatever was known on that subject at that time I collated in Gerhardt's Handb. d. Kind. 1st Vol. 1875, (2 ed. 1882). But lately Wroblewski demonstrated the difference in solubility of the two milks. Woman's casein retains, during pepsin digestion, its nuclein (proteid rich in phosphorus) in solution, it is fully digested; in cow's casein the nuclein is not fully digested, a "paranuclein" is deposited undissolved and undigested. Besides, woman's casein contains an additional albuminoid which is not identical with either the known casein or albumin. (H. Koplik in *N. Y. Med. Journal*, April 13th, 1895.)

Ergo : Cow's milk is not woman's milk. It is not identical with it. Sterilization does not change its character. It merely obviates such dangers as result from the presence of pathogenic germs, and from premature acidulation. The substitution of cow's milk, or of sterilized milk for woman's milk as the *exclusive infant food* is a mistake. Experience teaches that digestive disorders such as constipation or diarrhœa, and constitutional derangements such as rhachitis are frequently produced by its persistent use, and it appears to be more than an occasional (at least cooperative) cause of scurvy.

Admixture of Cereals.—Since the advisability of finely dividing and suspending the casein of cow's milk and of adding to the nutritiousness of the latter caused me always to teach the admixture of cereals to it, even in the very first days of infancy, the subject of infant feeding has never been lost sight of by medical men, pure scientists and tradesmen. No subject has been treated more extensively, more eagerly, sometimes even more spitefully, than that of infant feeding. The philosopher's stone has not been so anxiously sought for, nor been so often found in medical journals, books and societies, as the correct infant food and the appropriate treatment of cow's milk. After the finally faultless thing had been discovered very many times, it was therefore not a surprise but a source of gratification to me to meet, in the *Berl. Klin. Woch.*, No. 10, 1895, an article of Heubner's who, after having contributed for years as much as any writer, if not more, to the literature of the subject, recommends the "utilization of flour in the intestines of young nurslings." Basing his remarks firstly on the researches of Schiffer, Korowin and Zweifel, (quoted in my early writings on that very topic more than twenty years ago) who by experimentally proving the digestibility of a certain amount of starch in the saliva (and pancreatic juice) of young infants* justified my empirical findings of many previous years, and secondly, on what he is pleased to call "Jacobi's practical experience,"—the Berlin physician recommends in intestinal diseases of the very young the simplest flours, mainly of rice and oats (which have a finer microscopical structure than wheat). He pointedly adds: "very young infants do better on a dilution of milk with a thin . .rice decoction than with mere milk sugar solution. Practical experience surpasses theoretical conclusions."† There is but one point in which the famous teacher does not yet agree with me, for in his

*Bias dies hard. While it took Heubner more than twenty years to avail himself of very accessible physiological experience, a celebrity of equal rank (Philip Biedert, Handbuch der Kinderkrankheiten 11th ed. 1894. p. 39) still appears to approve of the opinion that a nursling must have "no amylacea" because of their indigestibility, before the protrusion of teeth. Before long, more than to-day it will be a generally accepted axiom that cereals must be given to make teeth when milk food alone does not suffice for their development.

†"Probiren geht über Studiren."

expositions we meet with the remark, that he "cannot approve of the colossal dilution recommended by the authority of Jacobi." The "colossal dilution" alluded to is that of milk in 4 or 5 parts of oatmeal or barley water for the use of the newly born. In regard to this dilution also I trust I shall see my illustrious colleague siding with me yet. The demands of pepsin digestion, and of rapid growth and of the necessity of restitution of losses experienced by eliminations and excretions are just as many reasons for extra allowances of water in the diet of very young infants who have to rely on the services of others. Older children know how to find it and how to serve themselves. In addition, it is certainly true that a large amount of water passing through the kidneys removes the inconveniences and dangers of the peculiar physiological process which takes place in the first three weeks of every life, viz., uric acid infarctus, the results of which are gravel, renal calculus (by no means rare) and nephritis. Indeed, since the rather frequent adoption of my plan of supplying the very young with quantities of water, I hear less of renal complaints in them than I did dozens of years ago.

Perhaps the tide is beginning already to turn in my direction. Norbert Auerbach, whose researches on the difficulty of destroying the hay bacillus and the bacillus butyricus are very meritorious, recommends larger percentages of water in infant feeding than the customary ones. His mixtures for the first and second months of life are three parts of water and one of milk, for the third and fourth, two and one, for the fifth and sixth, one and one, for the seventh and eighth, one and two. His figures are, therefore, not exactly like mine, but even they may appear heretic to my critic. In connection with this subject I am also pleased to state that Auerbach agrees with me on another subject. The sugar he adds to the milk food of infants, is not milk sugar but cane sugar, of which he gives twenty grammes daily, and, also according to my old teaching, more during constipation. He prefers cane sugar undoubtedly for the reasons which guided me in my recommendations, though it is true that milk sugar is being stripped of its dangers in the same degree as boiling, sterilization, or pasteurization are carefully practiced.

Virtually, sterilization has been practiced by me these more than forty years, and has been taught by me these thirty-five years, both in lectures and in books and essays. My method has been referred to. I always urged that safety increased with the number of boilings. Still even lately New York gentlemen have been pleased to say, and one of them has printed though he was told of his mistake before printing, that Jacobi was an opponent of sterilization.

Actual sterilization according to Soxhlet was introduced in New York by A. Caille. Then, manufacturing firms took it up

as a matter of course. One of them was prevailed upon by me to execute a device of Dr. A. Seibert, who advised the determination of the amount of sterilized food, and the graduation of the feeding bottles, according to the weight of the infant. In most cases this plan is good, for the condition of the child can mostly be measured by the increase of its weight. Only fat, clumsy, rhachitical children make an exception; in them the rapid increase of weight is rather a morbid condition than a symptom of healthy development. Besides, he improved his food by adding, in conformity with my practice and sterilizing at the same time with the milk, either barley or oatmeal water. A recommendation of his sterilizer is its cheapness, which makes it more accessible to the poor. His plan—developed later—to filter milk before sterilization, is identical with that recommended by Auerbach.

The writings and practical instruction of Dr. Rowland Godfrey Freeman have been a great advantage to New York, particularly to its poor population. He insists upon pasteurization as a sufficient method of safety. As the adviser of Mr. Nathan Strauss in his successful endeavors to supply thousands with a safe article of food, he has benefited the city and aided in setting an example which should and will be imitated.

Modified Milk.—Pasteurization is also employed by Rotch. In a paper read before the American Pediatric Society at Boston, May 4th, 1892,* he presented amongst others the following statements which I gladly repeat as I know his teachings to have done a great deal of good. Indeed I was so much impressed by them that I encouraged the gentleman who had conducted a milk laboratory on Dr. Rotch's plan in Boston to establish a similar institution in New York. Some of Dr. Rotch's lucid statements are as follows:

"What the profession needs is the knowledge that they may have milk laboratories where the materials are clean, sterile, and exact in their percentages. Slight changes in the three elements of the milk, of which we have the most accurate knowledge, namely, the fat, sugar and albuminoids, are of real practical value in managing the digestion and nutrition of the infant. (normal percentage in milk of fat 2.02-4.37, of milk sugar, 5.70-7.10, of albuminoids 1.08-3.07, of mineral matter 0.12-0.20.) The digestive capabilities of the infants differ, just as those of adults, and nature, therefore, provides a variety of good breast-milks adapted to the individual idiosyncrasy of the special infant. With this fact impressed upon us, we can well see that in artificial feeding no routine mixture will, in all cases, prove successful.† We are in need of a means by which we can prescribe

*The value of milk laboratories for the advancement of our knowledge of artificial feeding. By T. M. Rotch, Trans. Am. Ped. Soc., 1892, iv. 244.

†All this proves also that nature allows a great deal of latitude, for the milk of a woman is changing and sometimes quite rapidly so, and still the baby continues

exactly according to the idiosyncrasy of the digestion we are dealing with."

"A separator with many thousands of revolutions in a minute, separates from the milk foreign material and divides it up into a cream of a stable percentage and separated milk. The milk sugar and the albuminoids, also the mineral matter of this milk is fairly well-known, and thus the laboratory worker is enabled to put up any prescription, which for a healthy baby of four months would read fat 4, milk sugar 7, albuminoids 1.50. Put up 8 tubes, each 4 ounces, (with lime water 5 per cent.) Pasteurize (75°C-167°F) for twenty minutes. In this mixture the lime water is just sufficient to slightly alkalinize the cow's milk.* In this way the food of the child can be modified according to age, and to changed conditions of health."

to thrive. It also proves that an attempt at regulating the percentages of milk according to invariable rules, while circumstances of surroundings and individual health—perceptibly changed or not—may differ, is liable to be very deceptive. Altogether, no iron clad rule holds good for a living body, in which organic assimilation is not regulated by the fixed laws of crystallization. This is, indeed, proved by nothing better than by the variability of the constituents of good milk. According to the very figures presented by Dr. Rotch himself fat may vary from 2.02 to 4.37, albuminoids from 1.08 to 3.27, and still the milks exhibiting these wide differences are "normal."

In regard to the percentages of fat in cow's and in woman's milk the results of chemical analysis have lately changed in favor of the latter. But the general principles in regard to fat feeding, its effect on digestion, and the normal occurence of fat in the healthy fæces of an infant fed on normal nourishment (breast-milk) are not therefore altered.

Neither mathematics nor chemistry alone direct the organic economy. If that were so, the chemist Soxhlet—otherwise so deserving and justly famous—would be justified in the advice he cooly gives the physician, to add milk sugar when there is no fat in the food and thereby to obtain the necessary amount of carbon-hydrates. Fortunately organic chemistry is not identical with physiology.

The methods of Biedert and Arthur Meigs are based upon these modern analyses of milk. The former prepares a cream mixture which contains 1 per cent of casein, 2 of fat and 4 of sugar. It is to be mixed with milk in different proportions. One of the reasons urged by him for the addition of cream is the greater dilution (accomplished by my cereal decoctions) of the cow casein, the difficult digestion of which he takes for granted. The mixture of Dr. Meigs is well thought of by many physicians. But it is too easily influenced by irregularities and by accidents happening to the cream while being obtained, and to the milk sugar solution, to be proof against frequent failures and to become popular among the masses. (Jacobi, Intestinal Diseases, p. 32.)

*Cow's milk is either alkaline, or neutral, or acid. The constant recommendations of five per cent. of lime water for the purpose of alkalization is therefore far from exact, and from strictly scientific. Besides, how much alkalization is effected by one and a half drachms of lime water? They contain exactly or are presumed to contain, one-eighth of a grain of lime.

Lime water, the liquor calcis, is a saturated aqueous solution of calcium hydrate whose percentage varies with its temperature. At 59° F it contains somewhat over 0.17 per cent (1 : 600), in rising temperature less, at the boiling point 1 part of lime in 1300 of water. It redissolves as the liquid cools. If the food containing lime water be given at a temperature of eighty or ninety degrees, part of the lime is thrown out. Lime water warmed loses most of its alkaline reaction; it is markedly alkaline when cold, only faintly so when boiled. An experiment made with good milk from the household supply gave the following results; reaction acid, also on boiling. One-twentieth part of lime water added to it changed the reaction but slightly, it remained acid. The mixture being boiled, reaction remained the same. When again cooled and shaken up, it was still acid, but slightly less so than before the dilution of the milk with lime water.

In a case of duodenal jaundice, in a girl of six years, the doctor prescribed fat 0.5, milk sugar 6, albuminoids 4, give 4 ounces every 2 hours. Send 12 tubes, each 4 ounces, lime water one tenth. In a case of summer diarrhœa in a girl of four months fat 2, milk sugar 5, albuminoids 1, send 20 tubes, each 1 ounce and 1 drachm. At time of each feeding, add lime water 3 drachms. Sterilize at 212°F.

One of the beliefs guiding the author of this method is as follows: "The constituents of the nutriment which nature has provided for the offspring of all animals and human beings that suckle their young, is essentially animal and not vegetable. Human beings in the first 12 months of life are carnivora. An animal food entirely and always free from any vegetable constituents, has been proved to be the nutriment on which the greatest number of human beings live and the least number die."

Those who followed my teachings at any time during this one-third of a century, know that I take some exception to this broad statement. Saliva and pancreatic juice are good for something better than idle elimination, and "nature" prepared the animal young from the first moment for more than mere pepsin digestion. The proof Dr. Rotch refers to can be experience only. Mine has taught me somewhat differently from the axiomatic positiveness of his assertion. But it must be far from me not to present Dr. Rotch's case in full. His standing and merits are such as to give him a hearing wherever and whatever he discusses. His rules, which moreover may be modified by my method at any time, are thoroughly good, they are scientific, exact and well thought out. Moreover, they are proven to be practicable. No matter whether it is the careful handling of a cautiously prepared milk, the methodical composition according to percentages, or the faithful pasteurization, or all of them,the results are good. I know of a number of babies who in health and disease have done well on the protracted use of the laboratory milk. Only one observation struck me in a few cases. The formation of the muscles and particularly of the bones appeared to be slow, the teeth came a number of weeks or even months too late, the cranial bones turned slightly soft in a few instances. In a few such cases I had to add animal broths or juice before the usual time; in one I tried phosphorus (elixir phosphori) which was rejected; in others it was well borne and useful. But taken all in all, the method appears to be sound and successful, as far as it can be so with cow's milk and the casein of cow's milk. It is to be deplored that for the present, it is a method only for the rich; mine has the advantage of being one for the people, both rich and poor. If, or as long as, the circulars of the laboratory will keep free of pretentious exaggerations—they have been taking that turn lately—

the profession will do well to rely on it, or its like, as one of the means of furnishing the baby a food deprived of dangers, and in most cases sufficient. When found insufficient as regards tissue building, cereals can always be furnished in the same mixture. The empirical knowledge of their beneficial effects, with which we have been furnished for more than a generation, has lately again been tested experimentally by Springer, of Paris, who improved the development of bone by a decoction of mixed cereals boiled for hours in succession. This long duration of the boiling process is, however, not demanded.

Like Professor Rotch, Professor G. Gaertner,* of Gratz, employs the centrifuge† for the purpose of obtaining a milk resembling that of woman. The latter was found by Escherich to contain casein 1.82, fat 3.10, sugar 6.23 per cent. The average of many examinations of cow's milk resulted in casein 1.76, and fat 1.81, and sugar 2.4 per cent. That of "fat milk" contained casein 1.76, fat 3, and sugar 2.4 per cent. This "fat milk" is obtained by so arranging the tube which expels the cream from the centrifuge separator that just one-half of the milk contained therein is expelled and collected. In this way, as casein, sugar and minerals are not affected at all by the process of centrifuging, the percentage of the latter is not changed at all, while that of the fat is doubled. The difference between Gaertner's and Rotch's methods is this that the former is applicable to the large majority (but that only) of infants who require cow's milk appropriately prepared; and that the latter permits of all sorts of changes and percentages, and of all adaptations to the requirements of both the well and the sick, according to the opinions and intentions of the physician in every individual case.

* Uber die Herstellung der Fettmilch.
Prof. Escherich, Die Gaertnersche Fettmilch, eine neue Methode der Säuglingsernahrung. Both in Wiener Med. Woch. 1894.

†Recommended for the preparation of children's milk in my "Intestinal Diseases." 1887. p 23.

Green Urine due to Indigo. Dr. Archibald Garrod showed before the Clinical Society of London, a specimen of urine from a child who had sucked a piece of carpet colored with indigo. The green coloration was due to the combination of the yellow tint of the urine with the blue of indigo. On passing the urine through filtering paper it lost much of its green tint, whilst the paper was stained blue. The indigo was, therefore, in suspension. Some years ago, a favorite treatment for epilepsy was indigo to the extent of 6 drachms a day. Those patients had green alkaline urine. *Brit. Med. Jour.*, 1895, j, 365.

A CRETIN.

Age, 4 years; height, 25 inches; weight 16½ lbs.

Dr. J. Henry Fruitnight and Dr. Dillon Brown.

(Children's Hospital of St. John's Guild.)

A CASE OF ENTEROCYSTOMA IN A CONGENITAL SUBGLUTEAL HERNIA.

By HOWARD LILIENTHAL, M.D.,

Lecturer on Surgery, New York Polyclinic; Assistant Attending Surgeon to Mount Sinai Hospital.

THIS rare and curious case came under my observation March 5th, 1895, when the patient was admitted to Mt. Sinai Hospital.

Rosa G., was a six year old child of Russian Jewish parentage. She was fairly well-developed physically but seemed rather deficient mentally. There was marked nystagmus. The defect for which her parents sought a remedy was a remarkable enlargement of the right buttock which, though congenital, was increasing in size. The shape of the mass is well indicated in the drawing, for which I must thank my friend, Mr. V. W. Newman. It looked as if the girl had originally three legs of equal size, one of which had been amputated at the upper third of the thigh. The tumor formed a truncated cone, the circular disc of skin making the truncated apex, being *non cicatricial* and two and a half inches in diameter. It was encircled by a firm fibrous ring. Two inches below the disc the circumference of the mass was twelve and a half inches. Measurement from right anterior superior iliac spine across the disc to the intergluteal fold was twelve and a quarter inches. Similar measurement of the left (normal) side was seven and a quarter inches. The entire mass could be wagged in a comical way by the action of the gluteus maximus which played over the greater part of the growth. For the most part the tumor felt like a mass of muscle, but under the disc could be felt a firm fluctuating body as big as a large egg, lying apparently free in a cavity. There was a distinct immediate impulse over the whole mass, best felt near the disc when the girl strained or cried. Three openings which came spontaneously, discharged a small amount of pale serous fluid, but ended blindly about a quarter of an inch below the surface.

Various diagnoses such as hernia, dermoid cyst, spina bifida and enterocyst were suggested by different physicians who saw the patient. Aspiration was done with a fine needle. In one direction a honey-like fluid containing cholesterin was withdrawn, while from the cyst beneath the disc a brown putty-like substance composed microscopically of granular material with long Charcot-Leyden crystals was obtained. From the mixed character of the tumor contents I thought that it was probably a dermoid cyst.

On March 8th, the girl was chloroformed for operation. Examination by rectum threw no further light on the case but revealed a small tense fluctuating body about as big as a filbert

Fig. 1. Dr. Lilienthal's Case of Enterocystoma in a Congenital Subgluteal Hernia.

on the anterior surface of the sacrum. An incision about six inches long was now made from the sacro coccygeal joint diagonally across the tumor in the direction of the great trochanter. A little wen-like dermoid was opened just beneath the skin in the course of this cut. It was very small and was excised. The incision ran just above the disc. Another cut below the disc was made and this curious piece of skin removed entire for examination. Just beneath the disc was the cyst which could be felt free within the tumor. I carefully cut down upon the sac which contained it. This sac being opened a little serous fluid escaped and I seemed to have entered the peritoneal cavity. Within this cavity lay the cyst itself which was apparently a piece of large intestine. There was the longitudi-

Fig. 2. Charcot-Leyden Crystals.

nal striation, epiploical appendages and a thoroughly developed mesentery which was attached to the anterior part of spine or sacrum, I could not tell which. Before venturing to cut off this piece of intestine I incised it and found it filled with the putty-like substance before described. The lumen of the gut gradually decreased in diameter like a funnel till it became entirely occluded. The whole gut-cyst was as big as a duck's egg. It was lined with red, normal-looking mucous membrane. The opening through which the pedicle and mesentery came led directly into the abdominal cavity. This was proven by the insertion of my index finger, the opening being large enough to admit the entire digit. The whole cyst and as much as possible of the pedicle was drawn down, ligated in sections and cut off. A second cyst as large as a small hen's egg was now found in the buttock to the outer side of the first one. It also had a mesentery and pedicle running in the same direction as the other. The cyst walls were, however, thin and not typically intestinal. This tumor, too, was also tied and cut off, the pedicle retracting into the abdominal cavity. It contained honey-like fluid filled with crystals probably of cholesterin.

I now wished to attack the little anterior sacral cyst but fearing injury to the rectum I first removed the coccyx. An aspirator needle was then carefully guided down to it and honey-like fluid was withdrawn but the cyst became so collapsed that I could not find it again.

The operation had lasted over two hours and the patient was beginning to show the effects of the long anæsthesia so I closed the wound by suture with gauze drainage. A firm dressing was applied and the child put to bed. There was considerable collapse during the following twenty-four hours rendering very active stimulation and saline infusion necessary. The close neighborhood of the anus and the unruliness of the child infected the wound and there was suppuration, but uneventful healing by granulation followed. There is still very distinct impulse when the girl cries or strains and the right buttock is considerably larger than the left. A future operation to try to remedy this hernia may be needed but the child is now comfortable,—standing, sitting or running about. Examination of the specimens by Dr. Mandlebaum, pathologist to the hospital, showed typical large intestine structure in the larger cyst. The three layers and the usual mucous membrane with intestinal glands were present. As the calibre of the cyst became smaller, toward the pedicle, the same structure persisted until even in the pedicle itself, while no central cavity remained, the elements in rudimentary form were present.

The smaller cyst was thin walled and not typically intestinal though here and there the lining membrane was thrown into folds as if in an abortive attempt at gland formation. The curious disc like piece of skin as before stated was normal and not cicatricial. It was suggested that it might have been a rudimentary attempt at the formation of an anal aperture for the underlying piece of gut.

In looking over the literature pertaining to cases of this kind I was able to find but few records. From the perusal of an excellent monograph by Dr. R. H. Fitz, of Boston, on persistent omphalo-mesenteric remains, (*Am. Journ. Med. Sc.*, 1884, lxxxviii, 30.) I must conclude that the majority of the enterocysts, especially those with a mesentery and most cases of double intestine, are due to the faulty embryonic development of the omphalo-mesenteric tissues (vitelline duct). This duct may run to a point high or low in the gut. Meckel (*Tabulæ Anatomico-pathologicæ*, 1822, Fasc. iii, 5.) refers to an observation by Blasius of a duplication of the œsophagus from first to 6th rib.

The commonest of these persistent remains is the diverticulum known as Meckel's. Roth (*Virchow Archiv*, 1881, lxxxvi, 317,) mentions the fact that by constriction of the neck of this diverticulum, retention cysts may be formed. These cysts may be entirely closed or may still be in continuation with the general

Fig. 3. Section under low power of the lining of the cyst, showing the intestinal glands, basement membrane and submucous tissue.

Fig. 4. Section showing more elaborately developed gland from another portion of the cyst lining.

intestinal cavity. One case is mentioned where the pedicle of such a cyst became twisted with consequent necrosis and peritonitis. These intestinal cysts may even be so large as to interfere with childbirth. Hennig (*Centralbl. f. Gynækologie*, 1880, iv, 398) reports one in the mesentery of a new-born child eight and one half by five and one half by four inches. It contained a pale slimy fluid. The cyst walls were covered by epithelium and contained intestinal glands. A cyst lined with mucous membrane between the coccyx and rectum of a twenty years old girl born without uterus and adnexa is mentioned by Bircher (*Cor. bl. f. Schweiz. Aertzte, Basel*, 1879, ix, 517). The cyst had opened and might easily have been mistaken for a fistula in ano. It was seven centimeters deep and was dissected out with difficulty. An almost similar case in a man, otherwise well-

Fig. 5. Central canal of the pedicle just before the point of complete occlusion.

formed, was shown by me March 13th, 1893 (*N. Y. Med. Rec.*, 1893, 472.) at a meeting of the surgical section of the N. Y., Academy of Medicine. The man refused to have the cyst wall dissected out, however, being satisfied to keep the mucous discharge under control by astringent injections into the cavity. This cyst had suppurated and when I opened it I could insert the entire length of my forefinger and palpate from the anal end of the rectum far up the anterior sacral surface, feeling the abdominal contents separated from my finger apparently by

thin mucous membrane. I am of course unable to say whether or not this cyst had a mesentery.

The final case to be cited, and also the most recent one next to that forming the subject of this paper, has been reported by Studsgaard (*Hospitals Tidende*, 1894, p. 641.) The patient was a 14 year old girl whose abdomen had always been large. A cyst was discovered and was punctured when the child was 4 years old and again when she was eleven. A quart of yellow fluid was withdrawn in October, 1893 and on November 3rd the same year abdominal section was made. The tumor was found to be in the right side. It was a pear shaped cyst in the mesentery, the narrow funnel-like stem going toward the back bone. It was cut off as high as possible. From its histological structure, Studsgaard considered it to be a diverticulum from small intestine, the pedicle of which had become obliterated. The tumor contained 2000 cubic centimeters of fluid. It is mentioned as a unique case.

Probably other instances of these cyst formations are to be found in medical literature but I am sure they are extremely rare and nowhere have I been able to find a parallel case to the one herein described where the enterocyst formed the principal portion of the contents of a most unusual form of hernia.

The Cutaneous Irritation of Measles, etc. Balsam of Peru is a useful addition to many ointments, both on account of its pleasant odour and because it is in itself a valuable non-irritating antiseptic. When added to vaseline it is much more readily mixed if a few drops of alcohol or castor oil are added. The following may be recommended to allay the cutaneous irritation of measles, chicken-pox, etc.:—

℞ Lanolini puris ℥j
Vaselini ℥iij.
Olei Ricini miij.
Aquæ Destill. ℥v.

Ft. ung.—S. Apply as required.

Preparations of vaseline or paroleine can have a pleasant odour given to them by the addition of a few drops of oil of wintergreen. *Practitioner*, 1895, liv. 190.

Psoriasis in Infants. Rille at the Imperial Medical Society of Vienna presented a 38 day old child affected with psoriasis. The disease had appeared some days after birth and had covered the greater part of the body. It was noted that Kaposi had seen the disease in a child 8 months old, Neumann, a case in a child 4 months, and Hebra had observed two children less than a year old so affected.

THE JAPANESE ICE BAG.

By A. M. PHELPS, M.D.

New York.

I HAVE recently had occasion to examine and use the Japanese Paper Ice Bag, and find that it fills all the requirements of the rubber bag in the treatment of joint diseases and acute rheumatism. The rubber ice bag is an expensive, cumbersome and heavy affair. The Japanese Ice Bag is inexpensive, and quite durable and can be folded up and packed in a physician's valise, ready for use at any time.

Fig. 1 represents the Ice Bag folded; when in this shape it takes up less room than a thick piece of paper.

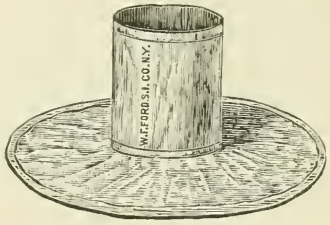

Fig. 2 represents the Ice Bag extended, ready to be filled with ice. A string is tied around the mouth. It is softer, lighter and more agreeable to the skin than rubber.

Mr. Ford has imported a number of them and I am quite sure that it will take the place of the rubber ice bag.

Dr. Canini, of Leghorn, a well known Italian specialist in diseases of children, who died recently, has bequeathed his entire estate, amounting to 2,300,000 lire (£92,000) for the foundation of a hospital in which poor children suffering from diphtheria may have the advantages of the serum treatment gratuitously. *Brit. Med. Jour.*, 1895, i, 660.

A CASE OF FIBROID PHTHISIS (TUBERCULAR) WITH EXTENSIVE SCARRING OF THE SKIN (SYPHILITIC.)

By G. A. SUTHERLAND, M.D.

Physician to the North London Consumption Hospital, and to Out-patients, Paddington Green Children's Hospital.

THIS patient, a girl, was seen by me for the first time on September 29th, 1893, when she was eight years old. For some years she had suffered from cough, which was worse in the morning but was unaccompanied by expectoration. There was no history of any definite illness until the year 1890, when an outbreak of sores on the legs, thighs, and buttocks occurred, for which she was treated as an out-patient at the hospital. On looking up the records, the only facts which I have been able to gather regarding this illness are that there was extensive ulceration on both lower extremities, that healing was slow, but that recovery finally took place under mercurial treatment,—namely,grey powder internally and the application of black wash locally. Salivation occurred during the course of the treatment. In the early part of 1893, she suffered from enlargement and suppuration in the glands of the neck, which were operated on. During the summer of that year she had an attack of scarlet fever, and when discharged from the hospital she was advised to have medical treatment for her chest which was weak. This was the first intimation her friends had regarding any pulmonary affection, and they had not previously observed any symptoms of disease apart from the cough already referred to.

The patient's mother died of pulmonary phthisis. Her father is not very strong but has no constitutional disease. There have been thirteen children in the family, five of whom were born alive, and the others were all premature and dead born. Of the five, three died in infancy from causes not known.

On admission to hospital the patient was fairly well nourished but looked ill. On the right side of the neck there were some scars of a tubercular type marking the site of old abscesses. There were a few rounded cicatrices, small and superficial, on the chest below the right clavicle, which were said to be the result of a scald in infancy. The most marked and the most extensive scarring was on the thighs and legs, from the trochanters to the heels, and the right leg presented far more cicatricial than normal tissue. The scars varied much in size, and some were from three to four inches long, white, slightly depressed, round serpigenous or irregular at the edges, and intersected in parts by strands or islets of healthy skin tissue. Some of those on the thighs had an elevated and puckered appearance. The anterior and external surfaces of the limbs were the parts chiefly affected. On a more

Dr. George Sutherland's case of extensive scarring of the leg. The healthy skin has been stained with iodine solution and the white patches represent the scars.

(From a Photograph taken by Dr. J. McGregor.)

minute examination of the apparently healthy intervening tissue, it was found to be dotted over with numerous white points, giving an appearance to the limbs of having been subjected to a shower of drops of molten metal. These minute scars were most abundant on the legs, but were present also on the thighs to some extent.

Examination of the chest showed deformity on the left side. There was slight retraction of the axillary and infra-clavicular regions, and on deep respiration the right side moved considerably more than the left. The left shoulder was rather depressed, and a curvature of the spine was present in the dorsal region, with the convexity towards the left side. There was dulness on percussion over the left lung, very marked in the axilla and over the lower lobe posteriorly, and the pulmonary area was diminished in extent. Stomach resonance was elicited as high as the fifth rib anteriorly and the tenth rib posteriorly, while the right lung extended half an inch to the left of the sternum. All over the left side the breathing was blowing in character, being bronchial at the apex, amphoric over the lower half of the scapula and distant bronchial toward the base. Coarse bubbling rales were heard on auscultation over the middle of the back on the left side, and numerous crepitations and friction sounds were audible over this lung. Pectoriloqy was well marked at the inferior angle of the left scapula. The right lung was apparently healthy, although the abnormal physical signs in the left lung were conducted for a considerable distance across the spine.

The heart was markedly displaced. The apex beat was felt in the fifth intercostal space in the mid-axillary line on the left side, and the normal area of cardiac dulness was encroached on by the right lung. The heart sounds were booming in character but no murmur was detected. The pulse was regular and of good volume, and averaged about ninety beats per minute. Distinct clubbing of the fingers was present. The other organs presented no sign of disease.

During a stay of six weeks in hospital, the patient improved considerably. A slight amount of dyspnoea, which was present on admission, passed off and did not recur except on exertion. The temperature was normal throughout. She coughed usually on waking in the morning, but there was little expectoration and only one specimen was obtained, which was found to contain tubercle bacilli. Slight improvement took place as regards the expansion of the left side of the chest, and the drooping of the shoulder and spinal curvature became less marked. The treatment consisted of nourishing diet, the administration of cod-liver oil, malt, and iron, and the employment of chest expanding exercises. This patient has been under my care at intervals during the past year but there are no further changes of special interest in her condition.

I relate this case because of the apparent coexistence of two diseases, tuberculosis and syphilis, in the same patient, but prefer to give the clinical data and a representation of the skin lesions for the consideration of others, rather than to dogmatise on their interpretation. The existence of tubercular disease may, I think, be taken as satisfactorily proved, and the form it has assumed in the lung is that of "fibroid phthisis," in which the process of fibrosis seems to have checked, at least for a time being, the destructive activity of the tubercle bacilli. The characteristic changes in fibroid disease of the lung are well illustrated in this case. As regards the presence of syphilis, I am led to infer this from the extensive scarring of the lower extremities, which appears to me to resemble that caused by syphilitic ulceration more than anything else. The history of numerous miscarriages preceding the patient's birth, the somewhat specific appearance of the patient's face, and the fact that the ulceration in the extremities was diagnosed by others as syphilitic, represent the only other evidences in favor of syphilis which I have been able to discover.

PRACTICAL NOTES.

The König-Maas Method of Restoring Persons Apparently Dead from Chloroform. The operator standing on the left side of the patient and facing him, places the ball of the thumb of the opened right hand upon the patient's chest, at a point between the apex beat and the sternum. He then repeatedly presses in the thoracic wall with a quick, strong movement, at the rate of thirty to one hundred and twenty times to the minute.

There can be no doubt that the efficacy of the Konig-Maas method lies in its direct action on the heart, restoring not the respiration only, but the circulation also. If on a fresh cadaver the precordium be quickly and forcibly compressed, it is easy to detect a distinct pulse wave in the carotid arteries; and the pupils will be found to contract as the blood fills the capillaries of the iris.—Leedham-Green, *Birmingham Med. Rev.*, 1895, xxxvii, 84.

Method of Preparing Bone Marrow for the Treatment of Pernicious Anemia. Three ounces of fresh *bone marrow* (as much red as possible) are made up into a paste with *port wine*, one ounce; *glycerine*, one ounce; *gelatine*, five drachms. A little care is required in making the paste, to keep the gelatine and the marrow sufficiently fluid for them to be thoroughly mixed. The gelatine should be soaked in sufficient water to soften it, and then should be melted with the glycerine, the mixture

being kept in a mortar previously made hot with boiling water, while in another mortar, made hot in a similar manner, the marrow and wine are mixed. Then the contents of the two mortars should be thoroughly incorporated and allowed to set. The hospital butcher seems to have no difficulty in supplying the marrow free from bone spicules.—Alfred G. Barrs, *Brit. Med. Jour., London*, 1895, i, 358.

The Treatment of the Nose and Throat during the Course of Measles and Scarlet Fever. The objects to be accomplished are to thoroughly cleanse the mucous membrane, to render the secretions alkaline, to render inert the bacteria which may be present, and finally to lubricate the mucous membrane and protect it from too rapid evaporation. In cleansing the nares, use a simple one-bulb *atomizer* which is course and free, in order not to blow a lot of air into the nostrils, or it may be poured from a *teaspoon*, a *dropper*, or a Dessar's *nasal douche cup*. Cleansing solution: *Seiler's antiseptic tablet*, one tablet; *cocaine*, four grains; and *water*, two ounces. Oily protective: liquid *albolene* or *hydrastol*, a preparation of hydrastis with oil of cinnamon and other aromatics, one ounce; *menthol*, *thymol* or *eucalyptol*, one grain; and *spirits of chloroform*, one-half drachm. One-half per cent. *cocaine* may be added by first dissolving it in *oleic acid* (one grain of alkaloid to the minim of the acid.) For acute zymotic coryza of children: *eucalyptol*, six minims; *cocaine*, five grains; *oleic acid*, five minims; *chloroform*, one drachm; and *hydrastol*, two ounces; or *thymol*, two grains; *terebene*, five grains; and *hydrastol*, one ounce. For catarrhal laryngitis: *chloroform*, one-half drachm; *menthol*, five grains; *camphor*, ten grains; and *hydrastol*, enough to make one ounce:—spray down into the larynx several times daily. If a powder is desired as a protective, use the compound *stearate of zinc* combined with *boric acid*, ten per cent. *menthol*, two per cent., *cocaine*, four per cent. etc. If there is a croupous exudate, use *peroxide of hydrogen*, preceded by a spray of one per cent. solution of *cocaine*, and followed with an oily protective. For epistaxis, the application of *peroxide of hydrogen* is excellent. The inhalation of warm, medicated steam is valuable, and one-half to one drachm of any of the following mixtures may be added every two or three hours to the boiling water: *tar*, one ounce; and *alcohol*, four drachms. Or: *carbolic acid* and *cresoline*, of each two drachms; and *eucalyptol and balsam Peru*, of each four drachms; Or: *gum camphor*, one drachm; *menthol*, two drachms; *oil pine needles*, two drachms; *eucalyptol*, two drachms; and *oil of tar*, enough to make two ounces. Or: *eucalyptol* and *thymol*, of each one drachm; *carbolic acid* and *benzoic acid*, of each thirty grains; and *terebene*, enough to make two ounces.—C. C. Rice, *Am. Med. Surg. Bull.*, 1895, viii, 325.

Sodium Fluoride in Infantile Tuberculosis. Dr. Bourgois, (*Bull. de l'Acd. roy. de Med de Belg.* Vol. xi) concludes that: 1. Purified sodium fluoride has a marked action upon children whether they have only a tuberculous diathesis or are already tuberculous, and the good results are enduring; 2, the dose is from $\frac{1}{10}$ milligramme to 5 milligrammes ($\frac{1}{6}\frac{1}{50}$grn. to $\frac{1}{12}$ grn.) a day; 3, when the specific effects of the remedy manifest themselves the dose is to be lowered; 4, children take the drug very well, and hardly ever show any intolerance.—*Am. Med. Surg. Bull.* 1895, viii, 553.

Pilocarpine for Acute Nephritis in Children. G. W. Lueck recommends *absolute rest* in bed; the administration of *pilocarpine* ($\frac{1}{20}$ to $\frac{1}{30}$ grain every three or four hours;) the free drinking of *cream of tartar lemonade*; *poultices* over the region of the kidneys; and supporting the action of the heart by proper remedies. *Therapeutic Gaz.*, 1895, xviii, 733.

To Disguise the Taste of Cod Liver Oil. Four hundred grammes of *oil* are mixed with 20 of freshly roasted and ground *coffee* and 10 of *animal charcoal*. The whole is kept in a water bath at 140 degrees F. for fifteen minutes in a stoppered flask. It is shaken occasionally for two or three days and then filtered through paper. The oil is limpid and light colored, and tastes and smells strongly of coffee.—*Times and Reg., Phila.*, 1895, xxix, 232.

For Whooping Cough. Herbert B. Carpenter believes that bromoform gives better results than any other treatment for this dangerous and distressing disease. After the paroxysms have diminished a change of air, especially sea air, is most beneficial. As bromoform is but slightly soluble in water, it is best to add some alcohol to the solution, giving it in the following manner:

Bromoform	48 drops.
Rectified spirit	4 fluidrams.
Distilled water	1 fluidounce.
Sirup of tolu, sufficient to make	3 fluidounces.

Mix.

Dose.—1 fluidram in water every four hours.

The taste is scarcely perceptible. It must be remembered that bromoform is very volatile and decomposes readily. It should therefore be kept in closed bottles and protected from the light.—*Phila. Polyclinic*, 1895, iv, 375.

EDITORIAL.

GASTRO-INTESTINAL DISEASES IN CHILDREN.

IT cannot be denied that diseases of the stomach and intestines are of more frequent occurrence in infants and children than those of any other part of the body. They form an especially large part of the work of young practitioners. In adapting itself to its new life the infant must revolutionize its methods of breathing and of feeding. Nature has provided amply for these changes, but the *fin de siecle* breast is ornamental rather than useful. The innumerable substitutes for mother's milk handicap many an infant in its struggle for existence. It is indeed fortunate for the babies that they do not have to depend upon their mothers for breathing purposes!

Gastro-intestinal diseases in children differ from those of adults in many particulars, the recognition of which is of great value in determining the line of treatment to be pursued in individual cases. In the one, the causes are usually mechanical or hygienic; in the other, the very important group of mental causes play an important part. In adults, the causes are often reflex; in children, the effects are more frequently reflex. The recognition of the latter is of great importance; some, such as convulsions, high fever, urticaria, etc., are of daily occurrence; others, like localized clonic movements, aphasia and hemiplegia are much rarer.

There are also marked pathological differences; for in children the shorter duration does not often permit many of the tissue changes which are found in adults. The gastro-intestinal mucosa may be profoundly altered where the process is unusually severe, but the changes in the muscularis are relatively infrequent. Disorders of functions rather than diseases of tissue are characteristic of children.

The unreliability of the symptoms of stomach and intestinal diseases in children is notorious. Many adults are unable to locate their complaints properly; that children should so often lead

us astray need not occasion any surprise. The highest diagnostic acumen will often be requisite not alone to place the true value upon the various manifestations of these diseases in children, but also to distinguish the many disorders which simulate them.

Constitutional diseases to which so much attention has recently been paid, such as scurvy, rickets, etc., would be much less frequent if proper attention were paid to the gastro-intestinal tract. It might be well to call attention to the more remote effects of improper feeding, mal-assimilation and imperfect metabolism. These remote effects are more profound than appears at the first glance. Many obstinate cases of skin diseases (eczema, psoriasis, etc.,) headaches, anæmia, chorea and epilepsy owe their protracted courses to imperfect metabolism, especially in the intestinal tract. It would be wise if this factor were carefully eliminated in all these cases before we refer them in despair to specialists.

The exact methods of diagnosis which form so characteristic a feature in gastric diseases in adults have not been so useful in children. It is to be sincerely hoped that the future will enable us to apply these methods to them also.

On the other hand the mechanical treatment of gastro-intestinal diseases has not received the recognition in children which it deserves. The brilliant results which have already been reported in the treatment of acute gastro-enteritis, dilatation of the stomach, dysentery, constipation etc., ought to encourage physicians to employ these methods more than they have heretofore. Stomach and rectal tubes have been unduly neglected.

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SOCIETY REPORTS.

BRITISH MEDICAL ASSOCIATION.

Annual Meeting, July 30th to August 3rd, 1895.

THE annual conference of the British Medical Association, which was held this year in London, was a great success in every respect. By no means the least important part was that devoted to Diseases of Children, at which Section many valuable papers were read. In several of the other Sections also, the manifestations of disease in childhood occupied a prominent place, notably in connection with the subjects of rheumatism and the serum treatment in diphtheria.

Congenital Syphilitic Manifestations in Bones and Joints.—The President of the Section for Diseases of Children, Mr. J. H. Morgan, opened a discussion on this subject. He stated that in infants bone changes originate more especially in connection with the extremities of the humerus and the tibia. The inflammation extends from the epiphysis to the periosteum, with consequent thickening around the end of the bone, and a condition of pseudo-paralysis is frequently present. If suppuration takes place, the pus is apt to invade the neighboring joint with disastrous results. In older children nodes form on the long bones, and necrosis of the palate and nasal bones is often met with. He regarded syphilis and rickets as distinct diseases, the latter produced for the most part by a faulty diet, and in some cases induced by the debilitating effects of congenital syphilis. With this view Dr. Thomas Barlow thoroughly agreed, and stated further that although in the majority of cases cranial bosses and cranio-tabes were dependent on syphilis, he had convinced himself that in certain cases rickets was the only associated disease.

The Nervous Sequelæ of Infectious Disease.—Dr. H. Handford divided these into three classes for purposes of convenience,—namely: (1) Cerebral and Meningeal, (2) Spinal, and (3) Peripheral, and described illustrative cases. He pointed out that as the toxin of diphtheria showed marked selection as to the peripheral nerves affected, so in the case of other fevers a similar, although perhaps not so well marked, selective tendency may be observed.

The Treatment of Hernia in Children.—The different measures employed in the operative treatment were described in detail by various surgeons, and most of the speakers were of opinion that Macewen's operation gave the best results. Mr. Rushton Parker gave his experience of forty cases treated by operation; three had died, two from peritonitis and one from bronchitis:

in two cases recurrence of the protrusion took place some months after operation; and in twenty-five cases which he had been able to follow up there had been no further trouble. It was the general opinion that the truss treatment could not be depended on in out-door hospital practice.

Acute Rheumatism and Allied Affections.—A most interesting discussion took place on this subject in the Section of Medicine. Dr. Cheadle regarded rheumatism as a general disease of which the most striking sign, in the case of adults, is arthritis, but in the case of children this sign occupies a much less important place. The appearances in early life gave a much truer picture than those developed later on. Amongst rheumatic diseases he included endocarditis and pericarditis, chorea, purpura rheumatica, subcutaneous nodules, and the exudative erythemata. Chorea and endocarditis were sometimes found in association with scarlet fever, but even in such cases he believed that there was a rheumatic basis. While it might be difficult from one of the above named conditions to pronounce definitely that a case was one of rheumatism, the presence of two or more in combination was quite diagnostic. Further, in such cases a hereditary tendency to the disease was usually present, and this was strongly confirmatory evidence. There was probably some morbid agent at work in the production of rheumatism, and he was inclined to anticipate that this would prove to be a specific micro-organism, somewhat analogous to that of pneumonia or tubercle. With this view Sir Dyce Duckworth expressed his agreement, and he further laid stress on the diathetic tendency which is transmissible from parent to child. Those possessed of this tendency, especially when in a debilitated state, afforded a suitable soil for the growth of the micro-organism, whereas in others who did not have this tendency rheumatism would not probably develop under any circumstances. With reference to the association of rheumatism and chorea, Dr. Garrod suggested that the organism of rheumatic fever might produce some poison of the nature of a toxin, which selected the nervous system and led to the development of choreic symptoms, in a manner analogous to that by which the paralytic sequelæ of diphtheria are produced. Dr. Newsholme referred to the evidence he had already published of the epidemic prevalence of rheumatic fever in certain years. He considered that the question of the infective nature of rheumatism could only be solved by the compulsory notification of all cases which would ensure sufficiently full and correct statistics. Sir T. Grainger Stewart brought forward a case which suggested that rheumatism might begin as a local affection, and that constitutional symptoms might not develop for some days. Dr. D. B. Lees viewed erythema nodosum as a distinct disease, with a definite eruption and

duration, without cardiac complications, and, as far as his experience went, without recurrent attacks. He supported the infective theory of rheumatic fever, and regarded chorea as a rheumatic manifestation. The occasional absence of the knee jerk in chorea was comparable to the same condition in diphtheritic paralysis, and probably of similar origin,—namely: from the action of a blood poison on the nervous system.

SECTION ON PEDIATRICS, N. Y. ACADEMY OF MEDICINE.

STATED MEETING, OCT. 10, 1895.

Morphinism in Children. Dr. J. B. Mattison, of Brooklyn, read a paper on this subject in which he stated that although the literature of this subject was extremely scanty, he believed that the condition was not very uncommon in children. Among the illustrative cases was the following remarkable one: A baby of seven months when first seen presented the shriveled and wrinkled appearance of an old man, and attracted one's attention by its peculiar, solemn manner. It was learned that the child had been perfect at birth, and had thrived up to the age of four months, when in order to quiet it when fretful it was given paregoric. It very soon became necessary to give laudanum, and also to increase the dose, so that when first seen by the physician, it weighed only seven pounds, was shockingly emaciated, and extremely weak. It was taking at this time no less than one ounce of laudanum daily. The laudanum was reduced one drop at each dose, and at the end of one month the child had become plump and well again. The speaker said that there were those in the profession who insisted that the chief factor in the causation of morphinism was moral obliquity, but cases like those just cited were in themselves sufficient to show that this theory was wholly untenable. In his experience, children showed a very strong tendency to become victims of morphinism. The consequences of this habit in the young were speedy decline and death, if not promptly treated; but if there were no structural lesion, and nutrition had not been too greatly impaired before coming under treatment, every case could be cured by judicious management. It was, in his opinion, monstrous to think of withdrawing the morphine abruptly in adults, and certainly it should not be thought of in children. The gradual withdrawal of the drug together with general tonic measures constitute the whole treatment. His reason for

thinking that morphinism was much more common in children than the literature would seem to indicate, was the extensive and reckless use of many nostrums for children, nearly all of which contained opium in some form. If the physician would instruct mothers regarding the great risks incurred in using all such preparations for their children, and at the same time the sale of these nostrums were under national or state control, much would be accomplished in the way of mitigating this terrible evil.

Dr. J. H. Fruitnight said, that in an extensive experience, he had never encountered the congenital form of morphinism in the young, but he had frequently seen the acquired form, as a result of dosing them with soothing syrups and cough medicines.

Dr. E. A. Tucker said that he had seen one case of congenital morphinism in the hospital. It was the offspring of a mother, who, for several years previously, had been addicted to taking morphine, and also to smoking opium. At birth the child appeared to be perfectly healthy, but when handed over to a wet-nurse it began to lose ground rapidly. This he had attributed to the sudden removal of the baby from the influence of the morphine to which it had been subjected *in utero*. In the future, he would be disposed to try the effect of giving the child for a few days after birth, small doses of morphine, and gradually withdrawing it altogether.

The chairman described a case illustrating the difficulty in many instances of determining positively that the child is a victim of this drug habit. A child who had been unusually docile and free from excitement while under the care of the nurse, suddenly became almost maniacal when the nurse was called away for a day or two. This outburst was evidently due to the child being suddenly deprived of the drug.

Infection of the Central Nervous System in the New-Born. Dr. Ira Van Gieson, in a paper with this title, reported the only two cases of acute exudative meningitis that had been observed in the new-born in the Sloane Maternity Hospital, as a result of infection from the umbilicus. These cases were very carefully recorded, including the results of a bacteriological examination. On inspection there was no evidence of any abnormal condition about the umbilicus, but on dividing the umbilical vein, this vessel was found to contain pus. Pure cultures of the streptococcus pyogenes were obtained from the meninges and from the umbilicus. Microscopical examination showed a severe acute exudative meningitis. The other organs were normal.

Dr. Tucker said that he had seen several cases illustrative of this remarkable fact, that the pathogenic bacteria in their passage from the umbilicus may pass over certain viscera, and

ultimately find a lodgment in some remote part. The only effective treatment for these infections in the new-born was a prophylactic one, and this consisted in carefully dressing the umbilicus with a dry, clean powder.

Dr. Fruitnight said that in the earlier years of his practice when moist dressings for the cord had been in vogue, he had seen suppuration of the umbilicus much more frequently than since he had adopted the practice of using dry dressings.

Several other speakers expressed similar views regarding the efficacy of this treatment of the navel.

The Promiscuous Use of Pocket-handkerchiefs. At a recent meeting of the Dublin Sanitary Association, the president, Dr. J. W. Moore remarked upon the spread of coryza by the common use of pocket-handkerchiefs. One of the commonest maladies is "cold in the head," or, as it is technically called, "coryza." It is notoriously infectious, and the means of communication is the discharge from the nostrils. He was satisfied from repeated observations that this troublesome affection often spreads through a family of children and then through an entire household through the promiscuous use of pocket-handkerchiefs. A little child comes to the nurse with the request "Blow my nose." This is carelessly or thoughtlessly done with the parent's or attendant's pocket-handkerchief, which thus becomes infected and spreads the attack. In other cases the soiled pocket-handkerchief is allowed to dry without disinfection, and the dried discharge from the diseased mucous membrane of the nose is then diffused through the air, spreading the malady just as measles is spread.

These remarks might be applied to phthisis as well as to coryza. *Clinical Sketches, London*, 1895, ii, 91.

Remedy for Insect Stings. A paint for the stings of insects, in which ammonia is kept in close and prolonged contact with the affected part, is said to be made as follows:

Water of ammonia	ʒi
Collodion	mxx
Salicylic acid	gr. ii

M. sig. A few drops to be applied to each bite or sting. *Popular Sc. News*, 1895, xxix, 104.

BOOK REVIEW.

A Treatise on the Nervous Diseases of Children for Physicians and Students. By B. Sachs, M.D., *Professor of Mental and Nervous Diseases in the New York Polyclinic, etc.* (Wm. Wood & Co., New York. 645 pages, 162 illustrations, $5.00.)

SOME books are to be tasted, others to be swallowed, and some few are to be chewed and digested. The book before us, is one of the latter kind. A kind which Bacon considered proportionately uncommon.

Numerically the nervous diseases of children are not very great, but from a viewpoint of their influence on the future welfare and life of the individual, their occurrence is of the greatest significance. That a child who has or has had measles, or diphtheria, or entero-colitis is the more made liable to diseases of a similar nature is absurd. In combating such diseases the physician has a limited problem to deal with, viz., first, to search for their origin, which, on account of being exogenous, is much more liable to be successful; second, to limit their development within the system, or what really amounts to the same thing, to anticipate those occurrences which so follow in the decline and wake of the disease that they have come to be known as sequelæ.

With nervous diseases the matter is different. That a child who has convulsions in infancy is liable to some convulsive disorders later in life no one will gainsay. Manifestations of instability of the cortico-motorial tract in the shape of convulsions in early life, should prompt the physcian to be watchful for other nervous phenomena at a later and perhaps more critical time in life. It is unnecessary to invoke the aid of statistics to prove that children who have pavus nocturus, chorea, or neuritis, are more liable to other nervous disease at some subsequent period than children who have been spared such afflictions. The problem of the origin of nervous diseases is much more complicated than the other diseases of childhood, for with few exceptions, such as the acute inflammatory and humoral diseases, the diseases of the nervous system are endogenous, teratological or protal. And as such they present difficulties in the way of their comprehension from a genetic stand-point.

Let us take, for instance, one class of nervous diseases, the so-called family diseases. A few years back, absolutely nothing was known of this class of diseases; yet to-day it is not hazarding the tenure of one's prophetic reputation to say that this group will sooner or later be found to include a great proportion of the chronic, degenerative nervous diseases that manifest themselves in childhood.

A consideration of facts such as these leads us to the conviction that the recognition, the prevention and treatment of

nervous diseases of childhood,are duties worthy of the physician's most intelligent attention. To assist the physician in attaining this end, the book before us can be recommended. The book is contained in an introductory chapter, two parts, one devoted to general nervous diseases, the other to the organic diseases of the nervous system, and an appendix.

The introductory chapter describes methods of examination. In no other branch of medical science does careful, methodical, intelligent examination lead so reliably to a correct diagnosis as in neurology. The converse of this statement is also true. This chapter calls for especial commendation, not only for the subject matter which is clearly presented, but for the pains to which the author has been to state in detail the various procedures which are absolutely essential, at least to the beginner. By the judicious use of tables and illustrations, he has succeeded in presenting a really massive amount of information, and that of the most useful kind.

Part I. is devoted to the general nervous diseases and Part II. to the organic diseases of the nervous system. The author has departed from the usual custom by presenting first the functional disorders. This arrangement will commend itself to the practitioner. It is of the utmost importance to keep in mind the intimate relationship between, for instance, convulsions in children and epilepsy.

We do not by any means wish to be understood as saying that infantile eclampsia means epilepsy later in life; but we do mean to say that our experience in inquiring into the predisposing and causative factors of epilepsy has led us to the firm conviction, that the great majority of children who develop epilepsy before the time of puberty, have had convulsions in infancy. As was said in the beginning, this coincidence may be of no other significance than that it points to a certain lack of stability in the central neuron and from a clinical point we would ask that so much be conceded.

Another point in the discussion of epilepsy which we believe the author has done well to emphasize, is the comparative infrequency of cases of hereditary (idiopathic) epilepsy.

The chapters in Part I. that call for special commendation are those devoted to epilepsy, hysteria, and migraine. The pathology of epilepsy, both inferential and determined; the clinical manifestations of the disease; that extremely important matter, the management of patients afflicted with epilepsy, are put down in a masterly and convincing manner, and after reading it one feels that both the faddist and the nihilist in the treatment of epilepsy have had their claims weighed and not allowed.

In his conception of hysteria the author is inclined to take the most advanced and substantial view of it, which places it more properly among the mental than the purely nervous dis-

orders, using the latter term in its colloquial and every-day sense. We are sure that his positive statement, that hysteria is a rare disease, in this country at least, not only in the adult, but extremely so in children, will be concurred in by every one who has seen much of nervous diseases, and it should go a long way towards throttling the impulse which prompts some to label every nervous manifestation which they do not understand as "hysterical" and therefore to be sneered at.

The chapters devoted to chorea and the choreiform diseases, as well as those treating of tetanus and tetany, are characterized by the elimination of antiquated theories, by the absence of padding, and the presentation of facts in a scientific and readable form.

In part II. the diseases of the peripheral nerves are first considered, and especially interesting is the chapter on multiple neuritis, a condition which, with the exception of polyneuritis occurring after diphtheria, has been considered to be extremely rare in children.

We regret that Landry's paralysis is accorded the dignity of a separate consideration in the chapter on myelitis, and although the author considers it probable that all parts of the nervous system may be involved, we are of the opinion that enough evidence has been brought forward to warrant its being considered unreservedly as a septic form of polyneuritis. Certainly the origin of the peripheral neuron may be found diseased in fatal cases, but this does not in the least militate against our contention. The development, its outset, its clinical course, its pathological accompaniments, its associated conditions and sequelæ, its termination whether in death or recovery, are all more in keeping with septic disease of the peripheral portion secondary neuron.

The diseases of the spinal cord are introduced by a brief up-to-date resumé of the anatomy, physiology, and pathology of this part of the body.

Physiologists and anatomists owe to Waldeyer a debt of gratitude for the introduction of the word neuron; less, it is true, than to Golgi, Cajal, and their followers who made such a conception possible. For the neurologist, the neuron has been the rock on which many an unworthy theory concerning the cause of nervous disease or the explanation of clinical manifestation have been wrecked. The propagation of the neuron theory has contributed more to a better comprehension of the protal diseases of the nervous system than has any recent discoveries.

The chapters here which we would especially commend are those devoted to the hereditary or family diseases of the spinal cord and to the progressive muscular atrophies. Our conception of both of these diseases is, at the present time, going through a very important evolutionary stage, and although it may even yet seem to the mind of the casual observer that the

facts concerning these two conditions are in a very chaotic state, his mind will be relieved of such erroneous ideas by the perusal of these chapters.

There is probably no more puzzling chapter in neurology to the beginner than the progressive muscular atrophies. The spinal form, the muscular form, the neural form, all have in common the one striking symptom, atrophy. To differentiate these forms we consider an imperative necessity, for more reasons than one. In the first place there is some reason for entertaining the hope that we shall discover a therapeutic measure to combat the dystrophies; and, at least, it may be justifiably said that cases of muscular dystrophy should be subject to an entirely different treatment than cases of spinal muscular atrophy. And again, in the opinion of the reviewer, such disease as hereditary cerebellar ataxia, hereditary spastic paralysis and hereditary progressive muscular atrophy, should not be allowed to show itself in more than one individual before parents are counselled as to their duty in preventing the further propagation of the disease. Perhaps in no other work in the English language are the hereditary and family diseases of the brain and spinal cord so masterfully handled as in the book under consideration.

The part of the book devoted to diseases of the brain is built on the same plan as the part which treats of the spinal cord. The illustrations and diagrams to illustrate these chapters have been judiciously selected and carefully executed. Meningitis and epidemic cerebro-spinal meningitis are considered from a modern pathalogical point of view. We are sorry the author did not present more exhaustively the subject of encephalitis, for it is safe to say that there is more of encephalitis Simon pure, and in combination, than books have taught us heretofore.

The infantile cerebral palsies are discussed exhaustively. The same may be said of abscess of the brain and thrombosis of the intracranial sinuses, a subject on which we cannot have too much light or too much reflexion of personal experience.

The closing chapters are taken up with a discussion of the common forms of diseases of the mind as seen in childhood, and the subject of idiocy and imbecility. The appendix, of a few pages, contains special reference to such measures as the rest cure, hydrotherapy, etc.

The book is well printed and well bound. That the illustrations are helpful, not only to elucidate anatomical facts and relationships, but in impressing clinical features we imagine will be conceded by every one. The author's style is characterized by virility, his diction by lucidity and his description by detail.

The volume is an addition to pediatrics and to neurology. In fact it may be said and with truth, that it can scarcely fail to advance a comprehension of the former and the position of the latter.

Joseph Collins, M.D., New York.

NEW BOOKS.

The Deformities of the Human Foot: With their Treatment. By W. J. WALSHAM M. B., C. M. ABERD, F. R. C. S. Eng., *Senior Assistant-Surgeon, Surgeon in charge of the Orthopædic Department and Lecturer in Anatomy, St. Bartholomew's Hospital etc.*, and William Kent Hughes, M. B. Melb., M. R. C. S. Eng., L. R. C. P. Lond., *Orthopædic Surgeon at St. Vincent's Hospital, etc.* (New York: William Wood & Company. 1895. Price, $4.50.)

Immunity, Protective Inoculation in Infectious Diseases and Serum Therapy. By GEORGE M. STERNBERG, M.D., LL. D., *Surgeon-General U. S. Army, etc.* (New York: William Wood & Company. 1895.)

The Surgical Diseases of Children and their Treatment by Modern Methods. By D'ARCY POWER, M. A., M. B. Oxon., F. R. C. S. Eng. 548 pages, with Illustration. (P. Blakiston, Son & Co. 1895.)

Tuberculous Disease of Bones and Joints, its Pathology, Symptoms and Treatment. By W. WATSON CHEYNE, M. B. Ed., F. R. S., F. R. C. S. 347 pages with sixty three illustrations 1895. (Young J. Pentland, Edinburgh & London.)

Treatment and Education of Mentally Feeble Children. By FLETCHER BEACH, M. B., F. R. C. P. London. 32 pages. (J. and A. Churchill. London. 1895.)

Deaf Mutism. By HOLGER MYGIND, M.D., Copenhagen. 300 pages. (F. J. Rebman, London.)

The Diseases and Deformities of the Foetus: An Attempt towards a System of Ante-Natal Pathology. By J. W. Ballantyne, M.D., F. R. C.P. E., F. R. S. E. Vol. II. With plates. 264 pages. (Oliver & Boyd, Edinburgh. 1895.)

Disinfection and Disinfectants. (An introduction to the study of.) By SAMUEL RIDEAL, D. Sc. (Lond.) 328 pages. (Charles Griffin & Co., London.)

Pediatrics. The Hygiene and Medical Treatment of Children. By THOMAS MORGAN ROTCH, M.D., *Professor of the Diseases of Children, Harvard University.* 400 Illustrations. 1000 pages. (Phila. J. B. Lippincott Co. 1895.)

ABSTRACTS.

THE TREATMENT OF TUBERCULOSIS IN CHILDREN WITH IODOFORM INJECTIONS.

Wieland (*Deutsche Zeitsft Chirurg.*, 1895, 41 Band., 378), finds the conservative treatment, with 10% iodoform injections, of tuberculosis of the soft parts, bones and joints, much more satisfactory in children than in adults; and analyzes in support of this view, the report of the Children's Hospital of Basle for the last five or six years.

He finds that tuberculous abscesses treated in this way healed very often. The method employed was to empty the abscess with an aspirator, then irrigate with a 4% boracic acid solution and, after the cavity had been well washed out to inject 20 to 50 ccm. of a 10% iodoform emulsion, either in glycerin or oil or in water adding a small quantity of gum arabic to hold the iodoform in suspension. As often as the abscess refilled, the operation was repeated.

It is essential to keep the part treated at rest, and to firmly support it with a flannel bandage.

Of twenty-one cases treated in this manner, sixteen or 80% were fully cured, four were removed from the hospital by parents before treatment was completed and one case was a positive failure. In eleven of the sixteen successful cases, one injection sufficed; in one two were necessary; and in four the patient required three injections. Fistulæ at the point of injection occurred four times and once there was a septic infection of the large abscess.

Twelve cases of joint tuberculosis were treated in this way. Nine or 75% were cured and two cases were much improved. Joint cases required from six to thirteen injections given during a period of two to six months.

Four cases had acute nephritis from the iodoform which, however, speedily disappeared. In one case there was severe iodoform intoxication but in this case 20% emulsion was employed.

SCORBUTUS IN INFANCY.

Dercum (*Med. and Surg. Rep.*, 1895, lxxii, 509), reports a severe case of scurvy, which recovered rapidly after the diagnosis was made and the proper treatment instituted. This treatment consisted in cold sponging; wet compresses around the legs and thighs, which were thickened and very tender; the administration of dilute sulphuric acid and ergot in drop doses; and a diet of raw milk, raw beef juice, orange and lemon juice. During convalescence cabbage, potatoes and tomatoes were given.

THE TREATMENT OF DIPHTHERIA WITH BEHRING'S SERUM.

After treating a large number of cases at the Mariahiefer Hospitals of Aix-la-Chapelle, F. Wesener (*Muenchen Med. Wochensft* 1895, 853 and 883), in an excellent paper, in which a large number of cases are well observed and analyzed, comes to the following conclusions:—

In simple pharyngeal diphtheria serum therapy alone will do no more than a properly applied local treatment, nor will it do less. It prevents apparently the extension of the process to the larynx better than local treatment, but it does not prevent with certainty the occurrence of sepsis.

In laryngeal diphtheria a tracheotomy or other treatment for stenosis, is somewhat less frequently necessary with the serum treatment than with other methods.

In laryngeal diphtheria the serum treatment prevents the extension of the disease to the trachea and bronchi better than any known remedy. If, however, these parts are already involved, it is very doubtful if the serum will be of benefit.

When sepsis is present, serum will be of little benefit, even less than other methods of treatment.

It is not positively established that serum has immunizing powers.

The serum treatment is not harmful.

THE TRANSMISSION OF SCARLET FEVER.

Grasset (*Ann. d. Hyg.*, Paris, 1895, xxxiv, 143) reports that a child visiting away from home was taken ill with scarlet fever; the friends remarking that the desquamation was like the casting of a snake skin, wrote a description and enclosed three pieces of skin for the parents. Six and a half days after receipt of the letter, a baby brother of the first child, living at home, took the disease.

The only other case of transmission of contagion by letter reported, was published by Sanné. In this case two persons received a note from a convalescent from scarlet fever, who wrote that she was desquamating so freely that she had to brush the fine scales off the note-paper on which she wrote. Some days later both recipients became ill with the disease.

BRONCHORRHEA, CONGENITAL, AND PROBABLY INDUCED BY MATERNAL IMPRESSION.

Dr. J. Madison Taylor (*Phila. Polyclinic*, 1895, iv, 21) reports the case of a small female baby, five weeks old, who suffered from a most distressing constant cough, and excessive

watery expectoration. This condition had been present since the birth of the baby.

The mother was a fine, healthy woman, about forty years of age, and was subject to occasional attacks of bronchitis with excessive secretion. During the last pregnancy, she suffered unusually from bronchorrhea but not for a month or more before labor.

The child coughed profusely from the beginning and the act of suckling was perpetually interrupted by a filling up of the naso-pharynx by the bronchial secretion, causing dyspnea and exhaustion, and, moreover, increasing mechanical disturbance of the stomach, with vomiting. Mother and child gradually failed in strength from the ceaselessness of the strain. Medicines appeared powerless to check the flow. The heart and respiration grew steadily weaker as nutrition failed from reflex vomiting, as well as from fatigue caused by excessive efforts at suckling against the opposition offered by rapid filling up of the nose from below; and the child died at six weeks from pure exhaustion, or, more likely, drowned in its own exudations. Autopsy was not allowed.

THE MELÆNA OF THE NEW BORN.

Romme (*Arch. d. Tocol. et d. Gynec.*, Paris. 1895, xxi, 25) in an article of some length discusses the various theories of the etiology of melæna of the newly born. He finds that infection is the only satisfactory explanation, and that so many different varieties of bacteria have been demonstrated, melæna must be considered a symptom like purpura.

RESUSCITATION OF STILL-BORN INFANT BY RHYTHMICAL TRACTIONS ON THE TONGUE.

Erskine (*Med. and Surg. Report*, 1895, lxxii, 525) reports this case. The child was born asphyxiated and the usual methods of artificial respiration were tried for ten minutes without success. The tip of the tongue was then held by a small artery forceps and rhythmical tractions were made so that twenty to twenty-four were produced each minute. In about six minutes the nostrils began to flutter and in less than ten minutes normal respiration was established.

GONORRHŒAL RHEUMATISM IN A NEWLY BORN.

Haushalter (*Semaine Med.*, Paris, 1895 ,xv, 382) reports a case of gonorrhœal rheumatism accompanying gonorrhœal ophthalmia in a child twenty-five days old. The knee and ankle were affected and gonococci were found in the exudation within the knee joint. This case is the eleventh on record in the newly born.

BLOOD CHANGES IN A CASE OF INFANTILE MYXŒDEMA.

Labreton and Vaquez (*Bull. et. Mem. Soc. Med. d. Hop. de Paris*, 1895, xii, 22) report that in children affected by myxœdema the number of red blood globules falls very low, even to 1,750,000; the white globules to 4,500 and the hæmoglobin 65%. There are some nucleated globules which give the blood a fœtal character. The number of globules of each variety increases under the influence of thyroid gland.

HYPERTROPHIC CIRRHOSIS OF THE LIVER IN INFANTS.

Gilbert and Fournier (*Rev. Mens. d. Mal. de l'Enf.*, Paris, 1895, xiii, 309) report seven cases of hypertrophic cirrhosis of the liver with jaundice, in children. Six of them were under 14 years of age and one 19 years old. They note that the symptoms and the course are similar in children to those in adults, but that there are three peculiarities of the disease in the former.

First, great increase in the size of the spleen may be present with or without much increase in the size of the liver, and the splenic tumor may seem to be the feature of the disease. Second, in certain cases there are bone and joint lesions and third, there is a considerable lack of general development.

THE TREATMENT OF DIPHTHERIA BY ANTITOXIN.

William H. Welch (*Bull, Johns Hopkins Hospital*, 1895, vi, 97) gives a clear and convincing statement of the true position of antitoxin in the treatment of diphtheria. After a careful analysis of over seven thousand cases obtained from eighty-two reports, he concludes from a study of the evidence that the following points seem to be established:

Most writers approve of the continuance of such measures of local and general treatment as have hitherto been found to be useful, but recommend the avoidance of all irritating and caustic local applications.

The injection of the serum may be followed in a few hours by local pain, swelling and redness, but there is no danger of abscess formation if the serum is uncontaminated and proper antiseptic precautions are taken. In over 3000 injections Martin observed the formation of an abscess only three times.

In twenty-four to forty-eight hours after the injection the general condition of the patient is remarkably improved in the great majority of those patients who are in a condition to be benefited at all by antitoxin. This general improvment is accompanied by a fall of temperature, which may be a critical fall, especially if the disease is not far advanced; often it is a fall by lysis. Some hold that there may be a temporary rise of tempera-

ture as an immediate effect of the injection. Accompanying the fall of temperature is improvement of the pulse as to frequency and tension, but the heart's action may for some time, even into the period of convalescence, remain weak.

In the favorable cases the local diphtheritic process is arrested, usually within the first twenty-four hours after the injection. Membrane may appear upon spots previously inflamed and invaded by the bacilli, but otherwise there is no extension of the membrane in the majority of the cases which are benefited. The area covered by membrane becomes sharply demarcated and the swelling of adjacent mucous membrane disappears. The membrane may disappear by rapid separation or by gradual softening. Sometimes it persists for several days after disappearance of all other local disturbance. Large membranous casts are coughed up from the larynx, trachea and bronchi under the serum treatment more frequently than under former methods. The rapid separation of the membrane in the lower air passages may cause sudden increase of stenotic symptoms. Nasal discharge is lessened. The swelling of the glands in the neck and the surrounding œdema disappear, so far as these are not referable to secondary infections.

The most uncertainty prevails as to the influence of antitoxin in preventing the three most important complications or sequelæ of diphtheria, nephritis, heart failure and paralysis. The weight of evidence is that genuine nephritis is far less common in cases treated by antitoxin sufficiently early than under other methods of treatment, but it is questionable whether albuminuria is less common, although it is considered to be by Kossel, Roux and others. If there is an albuminuria in any way directly referable to the injection of the serum, and this is by no means established, it is simple albuminuria with perhaps a few narrow hyaline casts but without evidence of any serious damage to the kidney. Peptonuria, it is claimed by Hecker, is an effect of the serum, but it is without clinical significance. Albuminuria is such an extremely common symptom of diphtheria that it must be very difficult to determine that it can be referred to the serum in any case.

Many writers emphasize especially the favorable influence of antitoxin upon the heart, but there are some who have observed that with decided improvement in all other symptoms the force of the heart may still remain weak and occasion anxiety. Baginsky's experience is that the minor disturbances of the cardiac action are not less frequent in cases treated with serum, they appear to be even more frequent as a larger number of cases survive, but that actual death from heart failure is far less common in the serum cases than in others.

Post-diphtheritic paralysis may occur in cases treated with serum as early as the second or third day of the disease.

Whether they occur in cases treated within the first twenty-four hours is not certain. According to some, paralysis is even more common in the serum cases than under former methods of treatment. This is doubtful, but if true, it may be attributed to the survival of a larger proportion of cases.

It is apparent from what has been said that antitoxin is most strikingly beneficial in progressive fibrinous diphtheria and especially in the prevention and cure of laryngeal diphtheria. In septic diphtheria the serum treatment is of little avail.

Antitoxic serum may produce unpleasant effects, but these do not involve danger to the patient. They are in all probability referable to the serum as such and not to the healing, so-called antitoxin, substance contained in the serum. The most common undesired effect is some form of exanthem, usually erythema and urticaria, sometimes an eruption like measles or scarlatinal rash. The same exanthems have been observed by Bertin after the injection of ordinary serum of the horse, and by Richardière after injection of Marmorek's anti-streptococcus serum.

The serum from some horses is more likely to cause these exanthems than that from others, and there may be individual idiosyncrasies favoring their occurrence. Some writers report the occurrence of an exanthem in not more than five per cent. of their cases, others have observed them in over fifty per cent. of the cases treated with serum. They may be localized in the neighborhood of the seat of injection or extend from that over the greater part of the body, or make their first appearance at a distance from the point of injection. Often without noticeable fever they may be accompanied by considerable elevation of temperature and by pain and swelling in the joints. A rarer but more severe form of serum exanthem resembles erythema multiforme, and when this is accompanied, as it may be, by high fever, and severe pain in the bones and joints with swelling of the joints, the condition of the patient may really seem serious, but these patients recover. Some have attributed a petechial eruption to injection of the serum, but this may occur in diphtheria without serum treatment.

These occasional untoward effects of the healing serum are annoying, but, being unattended with danger to life and without serious consequences, they do not contraindicate the use of the serum.

There have been a few cases reported in which the writers, without any satisfactory evidence whatever, have referred the death of the patient to the use of the serum. The essential harmlessness of the serum has been demonstrated by over a hundred thousand injections, and if future investigations should show that through some idosyncrasy on the part of the patient death ever is attributable to the injection of the serum, this

would probably count for about as much as the rare deaths from the use of ether or chloroform.

The principal conclusion which he draws from this paper is that the study of the results of the treatment of over 7,000 cases of diphtheria by antitoxin demonstrates beyond all reasonable doubt that anti-diphtheric serum is a specific curative agent for diphtheria, surpassing in its efficacy all other known methods of treatment for this disease. It is the duty of the physician to use it.

The later reports show in general a decided improvement in the results of the treatment over the earlier ones, and there is every reason to believe that the results of the second year's employment of the new treatment will make a much more favorable showing than those of the first year. We shall come to a clearer understanding of the mode of action of the healing serum. Improvements in the methods of preparation and preservation of the serum, and possibly the separation of the healing substance, at least from other ingredients which produce the undesired effects, may be expected.

The discovery of the healing serum is entirely the result of laboratory work. It is an outcome of the studies of immunity. In no sense was the discovery an accidental one. Every step leading to it can be traced, and every step was taken with a definite purpose and to solve a definite problem.

These studies and the resulting discoveries mark an epoch in the history of medicine. It should be forcibly brought home to those whose philozoic sentiments outweigh sentiments of true philanthropy, that these discoveries which have led to the saving of untold thousands of human lives have been gained by the sacrifice of the lives of thousands of animals, and by no possibility could have been made without experimentation upon animals.

ON PICA OR DIRT-EATING IN CHILDREN.

John Thomson (*Edinburgh Hosp. Rep.*, 1895, iii, 81) gives the notes of eleven cases which illustrate in a tolerably characteristic way the clinical history which is generally obtained in cases of this morbid condition. In some cases only one or two abnormal things were eaten; in many almost anything within reach was swallowed; and it seems that the variety of unnatural substances craved for is much more limited in cachetic cases than in those beginning in young babies. Children suffering from pica for some time have a peculiar look about the face. Their complexion is dull and unhealthy, and they are often hollow-eyed with a hungry and unhappy look.

In these cases in which the children were allowed to indulge their craving to any great extent, there was always some diarrhœa, and occasionally obstruction from impaction of hard

bodies in the rectum. In none of these cases was the patient ever seriously ill as the result of the habit, but instances have been recorded which have ended fatally. It was interesting to notice that in cases where the habit was formed in early infancy, and where the patient was some time under observation, the craving ceased about the age of three years. This seems probably connected with the growth of the child's intelligence and the widening of its interests.

The nature and etiology of pica constitute a very difficult question; but it seems natural to class such cases as a minor *psychosis*, along with such "bad habits" as sucking of the thumb and fingers or of the tongue, masturabtion in little children, and the rocking to and fro (without implication of the genital organs) in which some young children find pleasure.

Treatment is only, to a very small extent, a matter of medicine. It must aim at the modification of any conditions which favor the continuance of the habit. The indications are mainly four: 1. Keep the child away from the substances for which he has a morbid craving. All habits are strengthened by practice, and their hold slackens under disuse. 2. Improve the condition of the digestion. It seems more than likely that local uneasiness often plays some part in the etiology. 3. Improve the general health. It is to the weakly that such cravings come, and the strong readily throw them off. 4. If possible, change the child's surroundings, and take his mind up with new things, and let him be kept busy and happy.

A PERSERVING THERAPEUTIST.

M. H. Barye, the medical officer in charge of the State dispensary at Phaltan, India reports (*Bost. M. S. J.* 1895, cxxxiii, 383) the case of a female child of eighteen months treated by him for gastro-intestinal symptoms attended by fever, before his attention was called by the child's father to a marked enlargement of the liver, to which his treatment was directed. In spite of his care, and that of a native specialist, by whom the child was treated for eight days, and a journey to Poona for a consultation (the doctor seems rather surprised that this produced no diminution in the size of the liver) the child continued to grow worse. Homeopathy and electro-homeopathy were tried for some twenty days without effect, and a second journey to Poona finally ended the child's sufferings.

General edema, ascites and jaundice preceeded the child's death, which the doctor attributed to scirrhosis of the liver. In order, probably to prove that death was not due to lack of therapeutic resource on his part, the doctor publishes the following list of drugs which were tried in different combinations during the course of the treatment. Nothing is stated with regard to the details of their administration, but he naively informs

us that the medicines which are marked with an asterisk produced some temporary effect, and only in one instance, that of citrate of caffeine, does he state what symptoms were favorably affected. If a child can die after such through drugging as this, and after consultations, electro-homeopathy and homeopathy itself there would seem nothing left for these cases but christian science.

1. Ammon chloridum.
2. Taraxaci.
3. Potass. iodidum.
4. Potass. bromidum.
5. Podophyllum.
6. Sodii sulphas.
7. Mag. Sulphas.
8. Iodine.
9. Arsenic.
10. Mercury.
11. Donavon's sol.
12. Ipecacuanha.
13. Acid nitro-hydrochloric dil.
14. Cascara cordial.
18. Calumba.
16. Quinine sulphas.
17. Sodii salicylas.
18. Digitalis.
19. Potass. bicarb.
20. Ingluvin.
21. Pepsin.
22. Berberis aqua folia—with eunomyn.
23. Caffein citricum—acted well for a time as a diuretic and stimulant—reduced dropsy and drowsiness.

The preparations of iodine, mercury and camphor were tried externally.

CONGENITAL SYPHILIS.

The manifestations of congenital syphilis have for fundamental character: 1st, the infection is not the result of penetration through the lymphatic system; 2nd, there are no primary sores; 3rd, it affects the whole organism, externally and internally.

The influence of the father on the syphilis of the child has been notably exaggerated, but it is nevertheless certain. The influence of the mother is absolutely certain, independently of all paternal disease; and the influence of the fetus on the mother has been proved beyond doubt by the works of Diday and Fournier.

The manifestations of infantile syphilis consist in lesions of the skin—pemphigus, roseola and vesico-pustules,—lesions of the mucous membrane—mucous patches and coryza,—visceral lesions—usually of the lungs, the liver and the testicle,—and osseous lesions—principally of the cranium and more especially of the parietal bones.

The treatment of infantile syphilis is simple enough. It suffices to rub in daily a small quanitity (about the size of a nut) of mercurial ointment in the abdomen, the calves of the legs, and chest. If cutaneous syphilides exist, a bath of corrosive sublimate is ordered, and for the mucous patches calomel ointment.—*Med. Press, London, 1895, lx. 343.*

Hulot (*Gaz. Hebd. d. Med., Paris*, 1895, 26) reports 30 cases of general staphylococcus or streptococcus affection in children, in which the origin of the germs was traced to the skin, which was affected by multiple local spots of suppuration. The general infection took place usually either through the respiratory tract, causing a broncho-pneumonia or through the digestive tract, causing an enteritis. At the Hospital des Enfants-Assistés, there have therefore been instituted sublimate baths and frequent washing of the mouth, throat and nose in such cases. Measles, Impetigo, varicella, herpes, pemphigus and eczema may all deserve these precautionary measures.

Trismus Neonatorum. Dr. J. W. Marcy reports good effects from the use of the tincture solanum carolinense, pushed to narcosis. In one patient, the only recovery out of eight cases, he began with seven drops every three hours, then gave it every two hours, and then increased the dose to fifteen drops every two or three hours, as was necessary to produce sleep, with instructions to stop the remedy when the child slept.—*Phil. Polyclinic*, 1885, iv., 408.

The Addition of Soap Liniment to Cod-liver Oil Inunctions. Following the example of Dr. McKee, Dr. Wells has been trying the effects of the addition of soap liniment to cod-liver oil for inunctions in cases of rickets and chronic malnutrition in infants, and has found the mixture to work admirably, giving decidedly better results than inunctions of oil alone have given. The infant should be thoroughly washed in warm water and the whole body well rubbed with codliver-oil,3 parts to 1 part of soap liniment. The additional administration of phosphorus internally has not given any better results than the above mixture used alone. *Phil. Polyclinic*, 1895, iv, 432.

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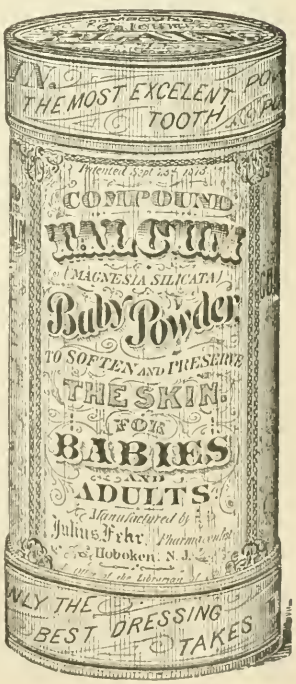

Announcement

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INDEX TO ADVERTISEMENTS.

Baby Powder, PAGE
Julius Fehr, M. D. v

Books,
G. P. Putnam's Sons ii
E. B. Treat. ii

Cod Liver Oil,
The Maltine Mfg. Co. iv

Dioviburnia,
The Dios Chemical Co v

Food,
Predigested Food Co. . . Third Cover

Instruments,
George Ermold. viii

Maltine with Cod Liver Oil PAGE
The Maltine Mfg. Co. iv

Medical College
University of Vermont ii

New Remedies,
Lehn & Fink iv
Schieffelin & Co . . . . Fourth Cover

Paskola,
Predigested Food Co. . . Third Cover

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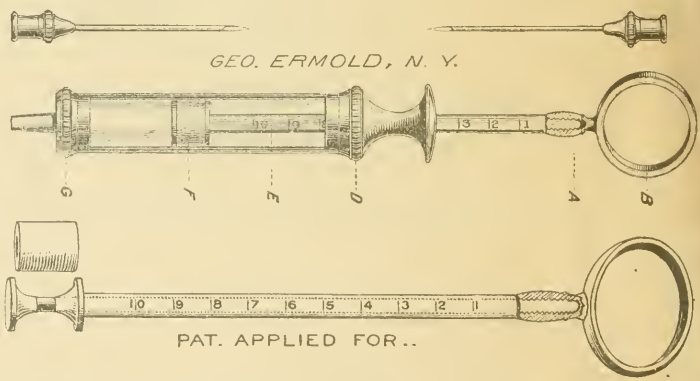

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